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STATEMENT OF

STORET - Y OF THE SENATE

09 APR 17 AMM: 16

FORM 1		ORGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in fi	ılt)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
McConnell Sen	ate Committee	08			
ADDRESS (number and st		Box 1496			
(Check if addre is changed)		uisville		<u> K</u> Y	40201
COMMITTEE'S E-MAIL	. ADDRESS		CITY ▲	STATE 📥	ZIP CODE 🔺
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COMMITTEE'S WEB P	AGE ADDRESS (URL)			•
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COMMITTEE'S FAX NI 202-624-1449	UMBER				
2. DATE 0.3	/ D D /	Ž,2,0,0,8, ×			
3. FEC IDENTIFICAT	TION NUMBER	[C C00193342		
4. IS THIS STATEM	ENT NE	W (N) OR	X AMENDED (A)		
1 certify that I have examin	ned this Statement a	nd to the best of my kno	wledge and belief it is true, correct	et and complete	
Type or Print Name of	Treasurer	Larry J. Steinber	y J. Stein	erg	
Signature of Treasurer	Electronically-F	iled by Larry J.S	teinberg	Date 0,3	31 / 2008
NOTE: Submission of fals		·	r subject the person signing this S	•	•
Office Use Only			For further information Federal Election Communication Toll Free 800-424-953 Local 202-694-1100	nission	FEC FORM 1 (Revised 02/2003)

FE3AN042.PDF

This committee is a principal campaign committee. (Complete the candidate information below.)

This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate

TYPE OF COMMITTEE (Check One)

(a)

(b)

Page 2

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in

400 North Capitol Street

CITY A

Suite 585

Washington

Page 3

20001

624

ZIP CODE A

1448

DC

STATE A

Telephone number

202

FEC Form 1 (Revised 02/2003)

McConnell Senate Committee 08

possession of Committee books and records.

Alison C. Kinnahan

Assistant Treasurer

Write or Type Committee Name

Full Name

Mailing Address

Title or Position ▼

safety deposit boxes or							
Name of Bank, Deposito	ory, etc.						
C	ongressional Bank	_1 1 1 1	<u> </u>	_ _ _ _ _	<u> </u>		
Mailing Address	7963 Tuckerman	Lane					
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	Potomac			MD	20854 _		
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Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Type of Connected Organization:

Membership Organization

Corporation

Designated Agent

[ADDITIONAL]

Full Name Lisa Lisk	er <u> </u>		<u> </u>	
Mailing Address	228 S. Washington Str	eet		
_	Suite 115			
_	Alexandria		22314	
Title or Position ▼	CITY A	STATE	ZIP CC	DE A
Assistant Tre	easurer	703 Telephone number	549	7705

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

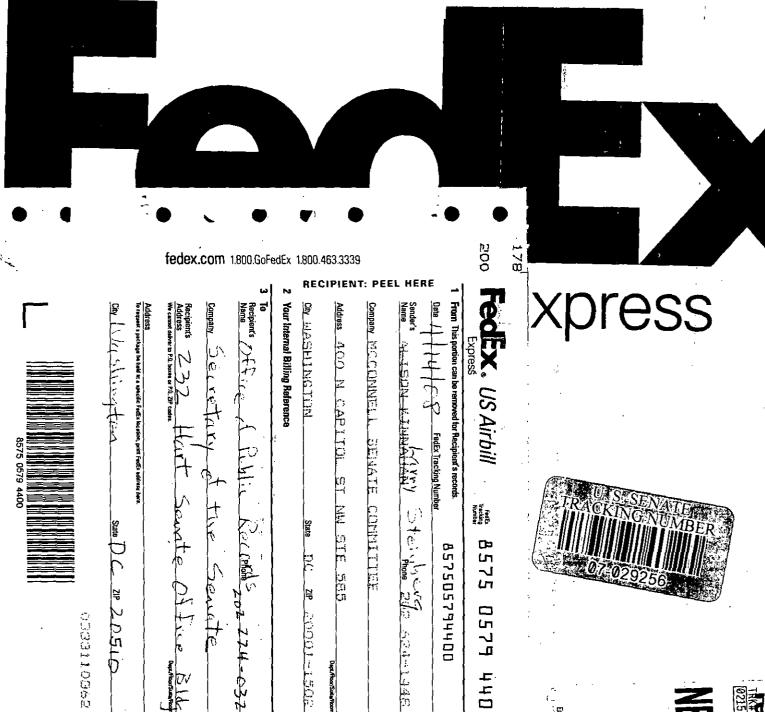
Type of Connected Organization:

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				Designated Agent
		<u> </u>	vis	Full Name Keith Da
		eet	228 S. Washington Street	Mailing Address
			Suite 115	
2314	22314		Alexandria	
ZIP CODE A	ZIP COI	STATE▲	CITY A	Title or Position ♥
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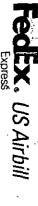


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PAMELA B. GAVIN SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510-7.116 Phone: (202) 224-0322

United States Senate

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OFFICE OF PUBLIC RECORDS

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